

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/562448

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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18						
19				-		
20				-		
21				-		
22				-		
23				-		
24				-		
25				-		
26				-		
27				-		
28				-		
29				-		
30				-		
31				-		
32				-		
33				-		
34				-		
35				-		
36				-		
37			1			
38						
39						
40						
41						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		←			←	←
TOTAL CLAIMS						